

FORM 914-A

Rev. 1/01

**ARKANSAS STATE PLANT BOARD  
VERIFIABLE TRAINING RECORD AND APPLICATION FOR  
CERTIFIED TECHNICIAN'S CERTIFICATE  
(Please Print or Type)**

**Company Name:** \_\_\_\_\_

**Location**\_\_\_\_\_ **Date Employed**\_\_\_\_\_

Agents Last Name

First Name

Middle Name

Date(s) of Training	Topic	Classroom Hours	O. J. T. Hours	Trainer

\_\_\_\_\_  
Licensed Operator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

## **Verifiable Training Requirements For Agents**

### **Classroom**

- 1. Label, MSDS, State and Federal Laws ..... 4 hours**
- 2. Pest Identification ..... 2 hours**
- 3. Safety (Including personal protective equipment) ..... 3 hours**
- 4. Safe and proper use of equipment and treating techniques ..... 7 hours**

**Total--- 16 hours**

### **On the Job**

- 1. Pest Identification ..... 2.5 hours**
- 2. Labels and mixing of pesticides ..... 5 hours**
- 3. Personal protective equipment ..... 2.5 hours**
- 4. Job site preparation and pesticide application ..... 30 hours**

**Total--- 40 hours**